

<i>SERFF Tracking Number:</i>	<i>WDMM-127372131</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Woodmen of the World Life Insurance Society</i>	<i>State Tracking Number:</i>	<i>49574</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Accumulation Universal Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Woodmen of the World Life Insurance Society

Product Name: Accumulation Universal Life	SERFF Tr Num: WDMM-127372131	State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed-Approved-Closed	State Tr Num: 49574
Sub-TOI: L09I.001 Single Life	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Author: Lee Ann Anderson	Reviewer(s): Linda Bird
	Date Submitted: 08/16/2011	Disposition Date: 08/26/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: These forms were approved on 7-19-11 by the Interstate Insurance Product Regulation Commission for use in our domicile state of Nebraska.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/26/2011
	State Status Changed: 08/26/2011
Deemer Date:	Created By: Lee Ann Anderson
Submitted By: Lee Ann Anderson	Corresponding Filing Tracking Number:
Filing Description:	
Re: Fraternal Form Filing – Individual Life	
Form 8307 5-11 – Flexible Premium Adjustable Life Insurance Certificate	
Form 8308 5-11 – Waiver Of Monthly Deduction In Event Of Total Disability Rider	
Form 8309 5-11 – Waiver Of Two Times Monthly Deduction In Event Of Death Or Total Disability Of Applicant Rider	
Form 8310 5-11 – Guaranteed Insurability Rider	

SERFF Tracking Number: WDM-127372131 State: Arkansas  
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574  
Company Tracking Number:  
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
Adjustable Life  
Product Name: Accumulation Universal Life  
Project Name/Number: /

Form 8311 5-11 – Waiver of Surrender Charge Endorsement  
Form 8312 5-11 – Unisex Amendment Endorsement

We are submitting the forms listed above for filing and/or approval. These forms are all new and will not replace any forms previously approved.

These forms will be marketed to new and existing customers through the use of Woodmen career agents. The premiums for these forms are sex distinct. Unisex Amendment Endorsement Form 8312 5-11 will be used in sale situations where unisex rates are required by the Norris decision.

Certificate Form 8307 5-11 will be illustrated.

Complaint Notice Form 130-03-0508, previously approved by your Department on July 26, 2005 (SERFF Tracking #USPH-6EJJ45559, AR Tracking #30104), will be attached to the front of the certificate.

Waiver Of Monthly Deduction In Event Of Total Disability Rider Form 8308 5-11, Waiver Of Two Times Monthly Deduction In Event Of Death Or Total Disability Of Applicant Rider Form 8309 5-11, and Guaranteed Insurability Rider Form 8310 5-11 will be available on an optional basis with Certificate Form 8307 5-11 at time of issue and can also be added after the date of issue.

Waiver of Surrender Charges Endorsement Form 8311 5-11 will be attached to all issues of Certificate Form 8307 5-11.

The following previously approved riders will be also available on an optional basis with Certificate Form 8307 5-11 at time of issue and can also be added after the date of issue:

Form # - Description - Approval Date - SERFF #, AR Tracking #  
8207 3-10 - Accidental Death Benefit Rider - 5/10/10 - WDM-126590153, AR #45599  
257 6-10 - Accelerated Death Benefit Rider - 9/15/10 - WDM-126795577, AR #46675

Aviation Exclusion Endorsement Form 8212 3-10 (previously approved 5/10/10, SERFF #WDM-126590153, AR #45599), if applicable, will be made a part of the certificate at issue, at reinstatement, and at the issuance of additional coverage.

Suicide & Incontestability Endorsement Form 73-03-0409 and Premium Deposit Fund Rider Form 265-03-0409, both previously approved by your Department on November 16, 2004 (SERFF #USPH-66FUD5418, AR #27900), will also be used with Certificate Form 8307 5-11.

<i>SERFF Tracking Number:</i>	<i>WDMM-127372131</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Accumulation Universal Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Application Form 5055 R-05/11, which was previously approved on August 8, 2011 (SERFF Tracking #WDMM-127176233, AR #49432), will be used to apply for the enclosed certificate and riders. The application will be produced in both paper and electronic form. The electronic form may have an electronic signature. The forms are not intended for internet use.

Statements of Variability are attached providing an explanation of all variable material appearing bracketed in the forms.

Actuarial memorandums have been included providing further information regarding the enclosed forms. A readability certification has also been enclosed for your review.

The enclosed forms are submitted in final print and are subject to only minor modification in paper stock, ink, border, company logo, and adaptation to electronic media and computer printing.

## Company and Contact

### Filing Contact Information

Lee Ann Anderson, Senior Compliance Analyst landerson@woodmen.org  
 1700 FARNAM STREET 402-661-6206 [Phone]  
 OMAHA, NE 68102 402-449-7732 [FAX]

### Filing Company Information

Woodmen of the World Life Insurance Society	CoCode: 57320	State of Domicile: Nebraska
1700 FARNAM STREET	Group Code:	Company Type:
OMAHA, NE 68102	Group Name:	State ID Number:
(402) 271-7279 ext. [Phone]	FEIN Number: 47-0339250	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per certificate x 1 = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>WDMM-127372131</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Woodmen of the World Life Insurance Society</i>	<i>State Tracking Number:</i>	<i>49574</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Accumulation Universal Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Woodmen of the World Life Insurance Society	\$50.00	08/16/2011	50675695
Woodmen of the World Life Insurance Society	\$250.00	08/18/2011	50734749

SERFF Tracking Number: WDM-127372131 State: Arkansas

Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574

Company Tracking Number:

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: Accumulation Universal Life

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/26/2011	08/26/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/22/2011	08/22/2011	Lee Ann Anderson	08/25/2011	08/25/2011
Pending Industry Response	Linda Bird	08/18/2011	08/18/2011	Lee Ann Anderson	08/18/2011	08/18/2011

<i>SERFF Tracking Number:</i>	<i>WDMM-127372131</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Woodmen of the World Life Insurance Society</i>	<i>State Tracking Number:</i>	<i>49574</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Accumulation Universal Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 08/26/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WDM-127372131 State: Arkansas

Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574

Company Tracking Number:

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life Adjustable Life

Product Name: Accumulation Universal Life

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Actuarial Memorandum Addendum		Yes
Supporting Document	Consent To Submit Rates		Yes
Form	Flexible Premium Adjustable Life Insurance Certificate		Yes
Form	Waiver Of Monthly Deduction In Event Of Total Disability Rider		Yes
Form	Waiver Of Two Times Monthly Deduction In Event Of Death Or Total Disability Of Applicant Rider		Yes
Form	Guaranteed Insurability Rider		Yes
Form	Waiver of Surrender Charge		Yes
	Endorsement		
Form	Unisex Amendment Endorsement		Yes
Form	Complaint Notice		Yes

SERFF Tracking Number: WDMM-127372131 State: Arkansas  
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574  
Company Tracking Number:  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Accumulation Universal Life  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/22/2011  
Submitted Date 08/22/2011  
Respond By Date 09/22/2011

Dear Lee Ann Anderson,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: WDM-127372131 State: Arkansas  
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574  
Company Tracking Number:  
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
Adjustable Life  
Product Name: Accumulation Universal Life  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 08/25/2011  
Submitted Date 08/25/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: Complaint Notice Form 130-03-0911 will be used to comply with §23-79-138 and Bulletin 15-2009. This form has been added under the Form Schedule tab.

Per §23-74-503 and 23-96-104(L), as a fraternal benefit society we are exempt from the requirements of Regulation 49.

This is to assure you that we are in compliance with Regulation 34. An Actuarial Memorandum Addendum is attached to address Bulletin 11-83. Also enclosed is the Consent To Submit Rates and/or Cost Bases for Approval required by Bulletin 11-83.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Memorandum Addendum

Comment:

SERFF Tracking Number: WDMM-127372131 State: Arkansas

Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574

Company Tracking Number:

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life

Product Name: Accumulation Universal Life

Project Name/Number: /

Satisfied -Name: Consent To Submit Rates  
Comment:

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Complaint Notice	FORM 130-03-0911		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			130-03-0911.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
Lee Ann Anderson

SERFF Tracking Number:	WDMM-127372131	State:	Arkansas
Filing Company:	Woodmen of the World Life Insurance Society	State Tracking Number:	49574
Company Tracking Number:			
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Accumulation Universal Life		
Project Name/Number:	/		

# Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/18/2011
Submitted Date	08/18/2011
Respond By Date	09/19/2011

Dear Lee Ann Anderson,

This will acknowledge receipt of the captioned filing.

## Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: WDM-127372131 State: Arkansas  
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574  
Company Tracking Number:  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Accumulation Universal Life  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 08/18/2011  
Submitted Date 08/18/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: The additional \$250.00 has been submitted.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Lee Ann Anderson

SERFF Tracking Number: WDM-127372131 State: Arkansas

Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574

Company Tracking Number:

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life Adjustable Life

Product Name: Accumulation Universal Life

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FORM 8307 5-11	Policy/Cont Flexible Premium ract/Fratern Adjustable Life Insurance Certificate Certificate	Initial		51.500	8307 5-11.pdf
	FORM 8308 5-11	Policy/Cont Waiver Of Monthly ract/Fratern Deduction In Event al Of Total Disability Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.500	8308 5-11.pdf
	FORM 8309 5-11	Policy/Cont Waiver Of Two ract/Fratern Times Monthly al Deduction In Event Certificate: Of Death Or Total Amendmen Disability Of t, Insert Applicant Rider Page, Endorseme nt or Rider	Initial		50.100	8309 5-11.pdf
	FORM 8310 5-11	Policy/Cont Guaranteed ract/Fratern Insurability Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		50.500	8310 5-11.pdf

SERFF Tracking Number: WDM-127372131 State: Arkansas  
 Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574  
 Company Tracking Number:  
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
 Adjustable Life  
 Product Name: Accumulation Universal Life  
 Project Name/Number: /

	nt or Rider		
FORM	Policy/Cont Waiver of Surrender Initial	44.000	8311 5-11.pdf
8311 5-11	ract/Fratern Charge Endorsement		
	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
FORM	Policy/Cont Unisex Amendment Initial	50.300	8312 5-11.pdf
8312 5-11	ract/Fratern Endorsement		
	al		
	Certificate:		
	Amendmen		
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	Page,		
	Endorseme		
	nt or Rider		
FORM 130-	Policy/Cont Complaint Notice Initial		130-03-
03-0911	ract/Fratern		0911.pdf
	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

# WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

A Fraternal Benefit Society

Home Office: [1700 Farnam Street, Omaha, Nebraska 68102]  
[www.woodmen.org]

PARTICIPATING FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE  
DEATH PROCEEDS PAYABLE AT DEATH PRIOR TO MATURITY  
CASH VALUE PAYABLE ON MATURITY DATE  
ADJUSTABLE DEATH BENEFIT – FLEXIBLE PREMIUMS  
[WAIVER OF SURRENDER CHARGE ENDORSEMENT]

Benefits, values and premiums are indeterminate, may increase or decrease, and are not guaranteed as to fixed dollar amounts. The interest rate credited will not be less than the guaranteed minimum annual interest rate.

INSURED [JOHN L WOODMEN]

CERTIFICATE NUMBER [123456789]

**RIGHT TO EXAMINE CERTIFICATE:** All premiums paid, including any fees or charges, will be returned if the owner wants to cancel this certificate within [20] days from the date it is received. To cancel this certificate, give it to our representative who delivered it or send it to our Home Office at [1700 Farnam Street, Omaha, Nebraska 68102].

This is a legal contract between the owner and Woodmen of the World Life Insurance Society.

**READ THIS CERTIFICATE CAREFULLY.**

We agree to provide the benefits described in this certificate and have caused it to be signed by our President and Secretary at Omaha, Nebraska, on its effective date.

*[Danny E. Cummins]*  
[President]

*[Pamela Hernandez]*  
[Secretary]

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Riders and amendments, if any, and a copy of the certificate application are attached following Page 19.

## CERTIFICATE INFORMATION

**EFFECTIVE DATE** [July 1, 2011]

**CERTIFICATE NUMBER** [123456789]

**INSURED** [JOHN L WOODMEN]

**INSURED'S AGE** [35]      **[SEX]** [Male]

**OWNER** as named in the contract unless ownership has been transferred.

**FACE AMOUNT OF INSURANCE** \$[100,000]

**MAXIMUM INITIAL SURRENDER CHARGE** \$[2,517.00]

**SURRENDER CHARGE PERIOD** [15 years]

**PLANNED PREMIUM** \$[1,002.63]\*\*

**INTERVAL OF PLANNED PREMIUM PAYMENT** [Annual]

**DEATH BENEFIT OPTION** [Includes cash value]

**MATURITY DATE** [July 1, 2096]\*

*\*The maturity date is the certificate anniversary on or after the 120<sup>th</sup> birthday of the insured. It is possible this certificate may expire prior to the maturity date if premiums or interest credited are insufficient to continue coverage to such date. Rates and charges will not be less favorable than the guarantees shown on the Certificate Guaranteed Rates and Charges page. Current certificate interest rates and charges are not guaranteed and may change over time. Even if this certificate does continue in force to the maturity date, there may be little or no cash surrender value to be paid.*

*This certificate may also expire prior to the maturity date if any of the following occur:*

- *Changes are made to the face amount or rating class;*
- *Changes are made to the choice of death benefit option;*
- *Loans or partial surrenders are taken;*
- *Reinstatement of the certificate; or*
- *Addition or modification of any rider.*

**\*\*Fraternal dues are not included in premium amounts.**

PREPARED ON [07/01/11]

## SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT AMOUNT	RATING CLASS	RATING CLASS FACTOR	MONTHLY COST OF INSURANCE
Flexible Premium Adjustable Life Insurance	[\$100,000]	[Standard/ Tobacco][*]	[1.00]	See Page 5
[Accidental Death Benefit Rider]	[\$100,000]	[Standard/ Tobacco][*]	[1.00]	[\$5.92]
[Waiver of Monthly Deduction Rider]		[Standard/ Tobacco][*]	[1.00]	[See Page 5a]
[Applicant Waiver of Monthly Deduction Rider]		[Standard]	[1.00]	[See Page 5a]
[Guaranteed Insurability Rider]	[\$50,000]	[Standard]	[1.00]	[\$.14]
[Accelerated Death Benefit Rider]				[\$0.00]
[Waiver of Surrender Charge Endorsement]				[\$0.00]
[Premium Deposit Fund Rider]				[\$0.00]

[\*Premium must cover an additional amount because of increased risk due to a tobacco classification and/or special rating class.]

Refunds under this certificate are not guaranteed and are not anticipated to be paid.

See riders for rider expiry date as date may vary from certificate maturity date.

PREPARED ON [07/01/11]

## CERTIFICATE GUARANTEED RATES AND CHARGES

### INTEREST RATES

Minimum Interest Rate: 2.50% per year  
Loan Interest Rate: 8.00% per year

### CERTIFICATE CHARGES

Maximum Monthly Charge: \$[10.00] per month  
Maximum Monthly Unit Charge: \$[.15] per \$1,000 face amount of insurance

### SURRENDER CHARGES

See Table of Maximum and Partial Surrender Charges

### [MONTHLY FLAT EXTRA RATE]

[\$[0.00005] per \$1,000 until [July 1, 2070]]

### MAXIMUM CERTIFICATE COST OF INSURANCE RATES PER \$1,000 RATING CLASS FACTOR – [1.00] (See Cost of Insurance provision)

ATTAINED AGE	MONTHLY RATE	ATTAINED AGE	MONTHLY RATE	ATTAINED AGE	MONTHLY RATE	ATTAINED AGE	MONTHLY RATE
[35	[0.17083	[65	[2.30750	[95	[24.78250		
36	0.18083	66	2.48417	96	26.07750		
37	0.19250	67	2.66250	97	27.44250		
38	0.20667	68	2.84500	98	28.88333		
39	0.22250	69	3.04583	99	30.40417		
40	0.24167	70	3.27583	100	31.82667		
41	0.26500	71	3.55833	101	33.04250		
42	0.29250	72	3.88667	102	34.32083		
43	0.32500	73	4.21750	103	35.66333		
44	0.36167	74	4.57583	104	37.19417		
45	0.39833	75	4.97417	105	39.01667		
46	0.43500	76	5.41583	106	40.95167		
47	0.46583	77	5.92667	107	43.00583		
48	0.48917	78	6.51250	108	45.18417		
49	0.51917	79	7.15750	109	47.49500		
50	0.55833	80	7.86250	110	49.94167		
51	0.60917	81	8.61167	111	52.53417		
52	0.67083	82	9.38250	112	55.27917		
53	0.74500	83	10.20417	113	58.18250		
54	0.83333	84	11.13333	114	61.25250		
55	0.92750	85	12.18667	115	64.49583		
56	1.02500	86	13.32917	116	67.91833		
57	1.11500	87	14.54333	117	71.52667		
58	1.20083	88	15.80917	118	75.32667		
59	1.30167	89	17.11083	119	79.31167		
60	1.42583	90	18.36833	120]	83.33333]		
61	1.57750	91	19.56500				
62	1.75167	92	20.79333				
63	1.93833	93	22.06333				
64]	2.12500]	94]	23.41833]				

PREPARED ON [07/01/11]

**[** GUARANTEED COST OF INSURANCE RATES PER \$1,000  
 FOR WAIVER OF MONTHLY DEDUCTION RIDER  
 RATING CLASS FACTOR – [1.00]

ATTAINED AGE	MONTHLY RATE	ATTAINED AGE	MONTHLY RATE
[35	[0.00432		
36	0.00500		
37	0.00520		
38	0.00594		
39	0.00672		
40	0.00649		
41	0.00671		
42	0.00693		
43	0.00715		
44	0.00737		
45	0.00770		
46	0.00876		
47	0.01092		
48	0.01260		
49	0.01456		
50	0.01782		
51	0.02052		
52	0.02478		
53	0.02990		
54	0.03718		
55	0.04553		
56	0.05808		
57	0.07371		
58	0.09020		
59	0.10950		
60	0.14271		
61	0.16995		
62	0.20826		
63	0.24816		
64]	0.29557]		

PREPARED ON [07/01/11]

**[** GUARANTEED COST OF INSURANCE RATES PER \$1,000  
FOR APPLICANT WAIVER OF MONTHLY DEDUCTION RIDER

ATTAINED AGE	MONTHLY RATE	ATTAINED AGE	MONTHLY RATE
[1	[0.00350		
2	0.00350		
3	0.00350		
4	0.00350		
5	0.00350		
6	0.00367		
7	0.00367		
8	0.00367		
9	0.00383		
10	0.00400		
11	0.00467		
12	0.00567		
13	0.00667		
14	0.00867		
15	0.01100		
16	0.01300		
17	0.01483		
18	0.01533		
19	0.01567		
20]	0.01583]		

PREPARED ON [07/01/11]

**MAXIMUM CASH VALUE FACTORS**  
(See Minimum Death Benefit provision)

ATTAINED AGE	FACTOR	ATTAINED AGE	FACTOR	ATTAINED AGE	FACTOR
[35	[253.02	[75	[729.83	[115	[1000.00
36	261.59	76	742.49	116	1000.00
37	270.43	77	755.00	117	1000.00
38	279.54	78	767.26	118	1000.00
39	288.91	79	779.17	119	1000.00
40	298.54	80	790.69	120]	1000.00]
41	308.42	81	801.77		
42	318.53	82	812.45		
43	328.85	83	822.81		
44	339.35	84	832.87		
45	350.02	85	842.54		
46	360.88	86	851.70		
47	371.93	87	860.31		
48	383.25	88	868.33		
49	394.92	89	875.80		
50	406.90	90	882.74		
51	419.16	91	889.35		
52	431.63	92	895.86		
53	444.26	93	902.43		
54	457.01	94	909.27		
55	469.79	95	916.61		
56	482.61	96	925.00		
57	495.47	97	935.44		
58	508.45	98	949.37		
59	521.62	99	969.35		
60	534.92	100	1000.00		
61	548.25	101	1000.00		
62	561.52	102	1000.00		
63	574.63	103	1000.00		
64	587.57	104	1000.00		
65	600.39	105	1000.00		
66	613.15	106	1000.00		
67	625.95	107	1000.00		
68	638.83	108	1000.00		
69	651.83	109	1000.00		
70	664.95	110	1000.00		
71	678.13	111	1000.00		
72	691.24	112	1000.00		
73	704.19	113	1000.00		
74]	717.05]	114]	1000.00]		

PREPARED ON [07/01/11]

**TABLE OF MAXIMUM AND PARTIAL SURRENDER CHARGES  
FOR EACH \$1,000 FACE AMOUNT OF INSURANCE**

<b>END OF CERTIFICATE YEAR</b>	<b>SURRENDER CHARGE</b>
[1	[21.10
2	19.69
3	18.29
4	16.88
5	15.47
6	14.07
7	12.66
8	11.25
9	9.85
10	8.44
11	7.03
12	5.63
13	4.22
14	2.81
15]	1.41]

PREPARED ON [07/01/11]

## **PART 1 – DEFINITIONS**

### **ATTAINED AGE**

The age shown on the Certificate Information page plus the number of certificate anniversaries that have passed since the effective date shown on the Certificate Information page.

### **DEATH BENEFIT**

The greater of the face amount of insurance as shown on the Certificate Information page or the minimum death benefit (see PART 2, MINIMUM DEATH BENEFIT section).

### **EFFECTIVE DATE**

The date the certificate takes effect as shown on the Certificate Information page. This date is used to determine certificate years, certificate anniversaries, and premium payment periods.

### **BENEFIT MEMBER**

The member is the insured.

### **INSURED**

The person on whose life this certificate is written.

### **MONTHLY ANNIVERSARY**

The same date as the effective date for each subsequent month unless the month does not contain that date. In that case, the monthly anniversary will be the last day of the calendar month.

### **OWNER, YOU, YOUR**

The person, persons, or entity who owns the certificate and is entitled to exercise all rights and privileges provided in the certificate while the insured is living and the certificate is in force. The owner of this certificate is the insured unless a different owner(s) is named or ownership is transferred. The owner is referred to as “you” and “your”.

### **REQUEST**

A form of communication we receive in our Home Office providing the information we need either in writing or another manner that we approve in advance.

### **WE, OUR, US**

Woodmen of the World Life Insurance Society, also referred to as “we,” “our,” and “us.”

## **PART 2 – CERTIFICATE BENEFITS**

### **PROCEEDS AT DEATH**

We will pay the death proceeds to the beneficiary if the insured dies while this certificate is in force, subject to the terms of this certificate.

The death proceeds will be determined as of the date of the insured's death and will be the sum of:

- The death benefit on the date of death.
- Any refunds on deposit with interest.
- Any paid-up additional insurance.
- Any premium received after the date of death.

#### **AND MINUS**

- Any debt with interest secured by this certificate.
- Any monthly deductions due if death occurs during the grace period.

The death proceeds will be paid in one sum if the owner has so elected. If an optional method of payment has been elected, payment will be made under the settlement option chosen. Options are shown in PART 8, SETTLEMENT OPTIONS.

#### **MINIMUM DEATH BENEFIT**

This certificate is intended to qualify as life insurance under the Internal Revenue Code. The minimum death benefit required is equal to the cash value divided by the maximum cash value factor shown on the Maximum Cash Value Factors page. The applicable maximum cash value factors are based on the Cash Value Accumulation Test.

#### **DEATH BENEFIT OPTIONS**

The death benefit depends on the death benefit option in effect on the date of the insured's death. The Certificate Information page shows the death benefit option.

#### **INCLUDES CASH VALUE OPTION**

If the cash value is included in the face amount of insurance, the death benefit will be the greater of:

1. The face amount; or
2. The cash value  $\div$  the maximum cash value factor as shown on the Maximum Cash Value Factors page.

#### **EXCLUDES CASH VALUE OPTION**

If the cash value is not included in the face amount, the death benefit will be the greater of:

1. The face amount + the cash value; or
2. The cash value  $\div$  the maximum cash value factor as shown on the Maximum Cash Value Factors page.

#### **PROCEEDS AT MATURITY**

If the insured survives to the maturity date and this certificate is still in force, the proceeds of this certificate will be the cash value less any debt with interest plus any refunds on deposit. Payment will be subject to the terms of this certificate.

The proceeds may be paid in one sum if the owner has so elected. If an optional method of payment has been elected, payment will be made under the settlement option chosen. Options are shown in PART 8, SETTLEMENT OPTIONS.

#### **EXTENSION OF MATURITY DATE**

The maturity date may be extended beyond the date shown on the Certificate Information page by the owner's written request. The new maturity date will be the date requested by the owner. After the original maturity date:

1. We will not accept additional premium payments, except amounts required to keep the certificate in force under the grace period.
2. We will continue to credit interest monthly.
3. Interest on any certificate loans will continue to accrue and become part of any indebtedness.
4. We will not deduct any monthly deductions.
5. New certificate loans and loan repayments will be permitted.
6. Partial surrenders can continue to be made.

**THE CERTIFICATE MAY NOT QUALIFY AS LIFE INSURANCE UNDER FEDERAL TAX LAW AFTER THE INSURED REACHES THE MATURITY DATE AND MAY BE SUBJECT TO ADVERSE TAX CONSEQUENCES. A TAX ADVISOR SHOULD BE CONSULTED BEFORE THE OWNER CHOOSES TO CONTINUE THE CERTIFICATE BEYOND THE MATURITY DATE.**

## CHANGE IN FACE AMOUNT

The owner may request to change the face amount, subject to our approval, by sending a written request to our Home Office. The effective date of a face amount change is the date we approve the change.

**FACE AMOUNT DECREASES.** The face amount may be decreased subject to the following:

1. Any decreases will reduce insurance in the following order:
  - a. from the most recent increase in face amount; then
  - b. from the next most recent increases in face amount successively; then
  - c. from the face amount at issue.
2. No decrease will be permitted until after the later of the first certificate anniversary or one year after a face amount increase.
3. Each decrease must not be less than \$5,000.
4. The minimum face amount that must remain in force after any decrease must be at least \$25,000.

Your surrender charges and certificate charges do not reduce when decreasing the face amount. If cash value is withdrawn from the certificate as a result of decrease, there will be a surrender charge as shown on the Table of Maximum and Partial Surrender Charges page. We reserve the right to refuse any requested decrease which would cause this certificate not to qualify as a life insurance certificate.

**FACE AMOUNT INCREASES.** After the first certificate anniversary, the face amount may be increased subject to the following:

1. Increases must be applied for on a new application form.
2. Evidence of insurability satisfactory to us must be provided.
3. There must be sufficient cash value for deduction of the first month's cost of insurance related to the increase.
4. The surrender charge for the increase must be covered at the time of increase by the cash value of the certificate or additional money will be needed for the shortage.
5. The minimum increase is \$10,000.
6. The maximum age for an increase is 85.

Surrender charges on the increased amount will be calculated based upon the attained age at the time of increase and added to those shown on the Table of Maximum and Partial Surrender Charges Page. Increases in the insured's cost of insurance rates will be based on the insured's gender, rating class, face amount and age at the time of the increase.

## CHANGE IN DEATH BENEFIT OPTION

After the first certificate anniversary the owner may request to make one of the following death benefit option changes, subject to our approval. The effective date of a death benefit option change is the date we approve the change.

1. **Change from Excludes Cash Value Option to Includes Cash Value Option.** If the cash value is not included in the face amount, the owner may request in writing that the certificate be changed to include the cash value in the face amount. The new face amount will be equal to the face amount plus cash value as of the date the change is effective.
2. **Change from Includes Cash Value Option to Excludes Cash Value Option.** If the cash value is included in the face amount, the owner may request in writing that the certificate be changed to exclude the cash value from the face amount. The new face amount will be equal to the difference between the face amount and the cash value as of the date the change is effective. The minimum face amount that must remain in force after this change must be at least \$25,000.

## **LOANS**

**CASH LOAN.** We will loan to the owner any amount up to the surrender value of this certificate. Request for a loan must be made to our Home Office. We have the right to defer the granting of any cash loan for up to six months from the date the loan is requested.

**INTEREST.** Interest on all loans will be at the rate shown on the Certificate Guaranteed Rates and Charges page per year, compounded yearly. Any interest not paid when due will be added to the loan and bear interest at the same rate.

**EFFECT OF LOANS.** All loans will be a debt to us secured solely by this certificate. This certificate will terminate without value 31 days after the total debt secured by it, including interest due and accrued, equals or exceeds its surrender value. However, it will not terminate until 31 days after we have mailed notice of termination to the owner's last known address, and to the assignee of record, if any. Loans will affect any refunds that may be paid on this certificate. Loans may also affect the interest rate credited to this certificate.

**REPAYMENT OF LOANS.** Loans may be repaid in full or in part at any time. You must identify any payment intended as a loan repayment; otherwise, it will be treated as a premium payment. Loan debt not repaid will be deducted from any benefits paid under this certificate.

## **PART 3 – CERTIFICATE VALUES**

### **CASH VALUES**

The rates and charges used to determine cash value may change based on actual experience with regard to mortality, expense, lapses, and investment return. Rates and Charges will not be less favorable than the guarantees shown on the Certificate Guaranteed Rates and Charges page.

On any day, the cash value will be the cash value on the prior day:

- Plus premiums received by us on that day;
- Plus interest credited on that day;
- Less any partial surrenders on that day;
- Less any surrender charge applied on that day;
- And, if that day is a monthly anniversary, less the monthly deduction made on that day for coverages to the next monthly anniversary.

### **MONTHLY DEDUCTION**

The monthly deduction for the current month shall be the cost of insurance for the death benefit, plus the cost of insurance for any riders, plus any monthly flat extra rate, plus monthly charges that will not exceed the maximums shown on the Certificate Guaranteed Rates and Charges page.

### **INTEREST RATE**

Interest is credited daily on the cash value. The interest rate credited will not be less than the guaranteed minimum interest rate shown on the Certificate Guaranteed Rates and Charges page. We may credit interest in excess of the guaranteed minimum rate. Loans may affect the interest rate credited to this certificate. The credited rate on the portion of the cash value equal to any debt will never be less than the guaranteed minimum interest rate.

## **COST OF INSURANCE**

The monthly cost of insurance for the death benefit will be calculated on the monthly anniversary as:

$[A - B] \times C$  where:

**A** = The result of the death benefit on that day divided by 1.00205984.

**B** = The cash value on the prior day plus premiums received by us on that day, less any partial surrenders on that day, less any surrender charges applied on that day, less the monthly charges.

**C** = The monthly rate for the insured's attained age multiplied by the rating class factor.

The monthly rate and the monthly charges will not exceed those shown on the Certificate Guaranteed Rates and Charges page.

See the Schedule of Benefits page for the monthly cost of insurance and the rating class factor(s) for riders.

## **REFUNDS**

This is a participating certificate. It will share in refunds, if any, as declared by our Board of Directors at the second certificate year end and each following certificate year end. Refunds are amounts returned if actual experience with regard to mortality, expense, lapses, and investment return is more favorable than assumed in setting the premiums for this certificate. Refunds are affected by any loans with interest secured by this certificate. We do not anticipate declaring refunds under this certificate.

According to the option chosen in the application or in a later request, such refunds will be as described in one of the options shown below.

- **CASH.** Paid in cash.
- **REFUNDS ON DEPOSIT.** Left with us to accumulate at interest. Interest will be at the rate of 3% per year or such higher rate as may be set by us.

Refunds will be left with us to accumulate at interest if another option has not been chosen or the option chosen is not applicable. The accumulated amount on deposit may be withdrawn at any time by request of the owner to our Home Office.

## **PART 4 – THE CONTRACT**

### **ENTIRE CONTRACT**

The contract between the owner and us consists of:

- This certificate.
- Riders, endorsements and amendments, if any.
- The application, a copy of which is attached to this certificate, and any supplemental applications for modification of this certificate which are based upon evidence of insurability.
- Our Articles of Incorporation.
- Our Constitution and Laws.

The Articles of Incorporation and the Constitution and Laws and any amendments to them are binding on the owner and the beneficiary but will not take away or reduce any of the benefits payable under this certificate.

This certificate is granted in consideration of the application and payment of premiums.

**MODIFICATION**

Only we may change, reduce or add to the terms of this certificate. Any change must be in writing and signed by our President or Secretary. No one else has the right to modify this certificate.

**STATEMENTS IN THE APPLICATION**

Statements made by or for the applicant in the application are by law representations and not warranties. Only statements signed by the applicant and attached to this certificate can be used to contest this certificate.

**INCONTESTABILITY**

This certificate will be incontestable after it has been in force while the insured is alive for two years from its effective date. If this certificate is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This certificate will be incontestable after it has been in force while the insured is alive for two years from the reinstatement date. See PART 7, REINSTATEMENT.

Any increase in face amount will be contestable, unless the cash value is not included in the face amount and the increase is due solely to a change to include the cash value in the face amount. Contest will be limited to written statements made to gain the increase. After the increase has been in force two years while the insured is alive, it will be incontestable.

**APPLICABLE STATE LAW**

The terms of this certificate will be governed by the laws of the state in which it is delivered.

**PART 5 – PREMIUMS****PREMIUMS**

“Premium” means a payment for the insurance and is to be paid along with fraternal dues. The first premium is payable at our Home Office or to our authorized representative. All other premiums are payable at our Home Office without notice. A receipt signed by an officer will be sent on request.

**FRATERNAL DUES**

Fraternal dues are payable with the premiums and will be sent by us to the lodge where membership is held. If no future premiums are planned, dues are payable yearly to our Home Office. Dues will be deducted from refunds, if any. To maintain fraternal benefits and membership, fraternal dues must be paid.

**PLANNED PREMIUMS**

The planned premium shown on the Certificate Information page is the premium chosen by the applicant. We will send payment reminder notices to the owner on written request. The notices may be sent annually, semi-annually, or quarterly. We will also arrange for payment of planned premiums by Preauthorized Collection. In this case, no reminder notices will be sent.

Changes in frequency and increases or decreases in the amount of planned premium payments may be made by the owner, however, such changes may affect the length of time the certificate is in effect (see PART 6, CONTINUATION). We reserve the right to limit the amount of any increase in frequency or amount of planned premium only in order to keep the certificate qualified as life insurance in accordance with the provisions and modifications of the Internal Revenue Code.

**ADDITIONAL PREMIUMS**

Additional premium payments may be made by the owner while the certificate is in force. However, we reserve the right to refund additional premium payments made by the owner in order to keep the certificate qualified as life insurance in accordance with the provisions and modifications of the Internal Revenue Code unless the premium is necessary to continue coverage.

If any premium payment increases the certificate's death benefit by more than it increases the cash value, we reserve the right to refund the premium payment or use it to repay any indebtedness unless the insured provides evidence of insurability satisfactory to us. If the premium payment is not refunded or used toward indebtedness, an increase in death benefit will be required.

**GRACE PERIOD**

On any monthly anniversary, if the cash value less any indebtedness is not sufficient to cover the surrender charge and monthly deduction for the coming month, a grace period of 61 days will be given for the payment of enough premium to continue this certificate in force for two months.

If the premium is not paid, this certificate will terminate on the later of 1) 61 days, or 2) 31 days after notice of termination is sent to the last known address for the owner and any assignee of record, and any refunds on deposit with us will be returned to the owner. This certificate will remain in force during this grace period. If the insured dies within the grace period, any monthly deduction(s) due that remain unpaid will be deducted from the death proceeds.

**PART 6 – TERMINATION, REINSTATEMENT, SURRENDER AND CONTINUATION****TERMINATION**

This certificate will terminate when one of the following occurs:

1. We receive written request for surrender;
2. The insured dies;
3. The maturity date is reached;
4. The grace period ends without the required premium being paid.

**REINSTATEMENT**

This certificate may be reinstated within three years after the end of the grace period while the insured is living. Reinstatements take effect and coverage commences on the day they are approved at the Home Office. Reinstatements are subject to the following:

1. All unpaid monthly deductions through the end of the grace period with interest at 6% per year compounded annually from the due date plus a premium sufficient to keep the certificate in force at least two months following the date of reinstatement must be paid. The cash value after reinstatement will be:
  - a. The cash value on the date the grace period began;
  - b. Plus the premium paid to reinstate the certificate; and
  - c. Minus monthly deductions during the grace period.
2. If payment is made more than fifteen days after the end of the grace period, we may require evidence of insurability satisfactory to us at the owner's expense.
3. Any certificate loan existing at the end of the grace period must be either repaid or reinstated. Certificate loans will not accrue interest from the end of the grace period to the date of reinstatement.
4. If the cash value less indebtedness upon reinstatement is insufficient to cover the surrender charge at the time of reinstatement, additional premium will be required.
5. Surrender charges shown on the Table of Maximum and Partial Surrender Charges page will apply as if the certificate had not lapsed, measured from the certificate's effective date.

**SURRENDER VALUE**

We will pay the surrender value of this certificate, plus any refunds on deposit with us, to the owner after receipt of this certificate and written request for surrender at the Home Office. The surrender value is the cash value less any debt with interest, and less any surrender charge. We reserve the right to defer the payment of the surrender value for not more than six months after receipt of a written request for surrender subject to our having submitted written request and obtaining approval from the Insurance Commissioner. Unless a settlement option is chosen, the surrender value will be paid in one sum. If this certificate is surrendered within 30 days following a certificate anniversary, the surrender value will not be less than the surrender value on that anniversary minus any partial surrenders or loans made on or after the anniversary.

**SURRENDER CHARGE**

A surrender charge will be deducted from the available cash value if all or part of this certificate is surrendered before the end of the surrender charge period. The surrender charge period is shown on the Certificate Information page. The surrender charge will be the lesser of the maximum surrender charge or the available cash value, but not less than the minimum surrender charge. The maximum surrender charge decreases annually. The maximum surrender charges are shown on the Table of Maximum And Partial Surrender Charges page. The minimum initial surrender charge is zero and increases by an equal amount each year until it reaches the maximum surrender charge after 60 monthly deductions have been made. Thereafter the minimum surrender charge equals the maximum surrender charge.

**PARTIAL SURRENDER**

During the lifetime of the insured, this certificate may be partially surrendered by written request. The partial surrender may be any amount not to exceed the surrender value. The partial surrender amount and any applicable surrender charge will be deducted from the cash value.

If the cash value is included in the face amount, the partial surrender will decrease the face amount by the amount of the partial surrender and any applicable surrender charge. The face amount remaining in force will be subject to the minimum permitted by us.

We reserve the right to limit the number and amount of partial surrenders in a certificate year. We also reserve the right to defer payment of partial surrender amounts for not more than six months. There will be a surrender charge on a partial surrender as shown on the Table of Maximum And Partial Surrender Charges page.

**CONTINUATION**

The certificate will continue in force until the maturity date shown on the Certificate Information page if there is enough cash value to pay each monthly deduction. We will pay you any remaining surrender value on the maturity date if the insured is then living and the certificate is in force.

If there is not enough cash value to pay any monthly deduction, the Grace Period provision will apply.

**PART 7 – GENERAL PROVISIONS****MISSTATEMENT OF AGE OR SEX**

The insured's age on the Certificate Information page is the age of the insured on the effective date.

If the insured's age or sex has been misstated, all death proceeds will be those the premiums paid would have purchased for the insured's true age and sex.

**SUICIDE EXCLUSION PERIOD**

If the insured dies by suicide while sane or insane within two years from the effective date, the certificate proceeds at death will be:

1. The premiums paid, without interest; less
2. Any debt and interest; less
3. Any partial surrenders.

If the insured dies by suicide while sane or insane within two years from the effective date of any increase in face amount, the certificate proceeds at death will be:

1. The benefits provided by any face amounts which have been in force more than two years during the lifetime of the insured; plus
2. The monthly deduction for any additional face amounts in force less than two years; less
3. Any debt with interest.

If the cash value is not included in the face amount, no new suicide exclusion period will be applied to any face amount increase which is due solely to a change to include the cash value in the face amount.

## **OWNERSHIP**

You may change the owner of this certificate by sending a written request to our Home Office. This transfers all your rights and duties to a new owner. The new owner may then make any change the certificate allows. Once recorded by us, the change, unless otherwise specified by the owner, will take effect on the date the written request is signed by the owner, subject to any payments made or actions taken by us prior to receipt of this notice. If there are joint owners, each owner will have rights under this contract. We reserve the right to restrict changes in ownership in order to satisfy applicable laws or regulations.

## **ASSIGNMENT**

You may assign this certificate by sending a written request to our Home Office. Once recorded by us, assignments, unless otherwise specified by the owner, will take effect on the date the notice of assignment is signed by the owner, subject to any payments made or actions taken by us prior to receipt of this notice. We are not responsible for the validity of any assignment. We reserve the right to restrict the availability of assignments in order to satisfy applicable laws or regulations.

## **RIGHT TO CONTINUE CERTIFICATE IF SEPARATED FROM MEMBERSHIP**

If a member is separated for cause from fraternal membership, this certificate can remain in full force by meeting the terms of PART 5, PREMIUMS. All of the terms of this certificate will remain in force except that fraternal dues will not be required.

## **RECLASSIFICATION**

The insured's use of tobacco products was considered in the underwriting of this certificate for issue ages above 17. The rating class for this certificate is shown on the Schedule of Benefits page, including the tobacco use classification if issued above age 17. If this certificate is issued to ages 0-17, the rating class does not consider tobacco/nontobacco status.

For issue ages 0-17, at least 60 days prior to the insured reaching age 18, we will notify you in writing of the option to elect tobacco or nontobacco user status and will notify you that if you fail to respond to the notice, that the rating class automatically assumes a tobacco user status at age 18. In order to qualify for nontobacco user rates, proof, acceptable to us, of status as a non-tobacco user must be submitted.

For issue ages above 17, if the insured has been classified as a tobacco user, a request for reclassification as a nontobacco user may be made upon a change in the insured's tobacco use habits. Contact the field representative or our Home Office to request reclassification.

Reclassification will be based upon our general underwriting rules in effect at the time the reclassification request is received at our Home Office. Underwriting may involve criteria other than tobacco use status and involve a definition of tobacco use that is different from the definition used at the time this certificate was issued.

Reclassification from tobacco user to nontobacco user may affect the premiums and any refunds paid. Reclassification will not result in a new contestable period or suicide exclusion period.

## **SETTLEMENT AND BENEFICIARY**

**SETTLEMENT.** Application for any benefit provided by this certificate must be furnished to our Home Office with such proof as required by us. All benefits will be payable at our Home Office.

Final settlement of a claim for the death proceeds will be made within two months after receipt of due proof of death. If the beneficiary does not elect a settlement option by the date two months after we receive due proof of the insured's death, we may make payment in one sum.

**BENEFICIARY.** The beneficiary is the person, persons, or entity who may receive the death proceeds. During the insured's life, the owner can change the beneficiary at any time by sending a signed, dated and witnessed request to our Home Office. When the change has been received and approved at our Home Office, it will take effect as of the date the request was signed. However, such change will not apply to any action taken or payment made by us before the change is received and approved at our Home Office. No beneficiary will have any rights in this certificate during the insured's life.

## SETTLEMENT OPTIONS (SEE PAGE 19 FOR MINIMUM SETTLEMENT OPTION MONTHLY PAYMENTS)

The death proceeds or the surrender value of this certificate may be made payable in accordance with one of the options shown below, instead of in one sum. Other settlement options may be available upon your request and approval by our Home Office.

At the time payments begin, any benefits will not be less than those that would be provided by using the cash surrender benefit to purchase any single premium immediate annuity certificate then being offered by us to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

**ELECTION OF OPTION.** Election of an option may be made by the owner or, if the owner makes no election, by the beneficiary after the insured's death. Notice of an election must be made in writing to our Home Office. The elected option will take effect on the date it was signed, subject to any action taken by us before receipt of such election at our Home Office.

If the payee is other than a natural person, no option may be elected without our written consent.

Under any option, if the amount to be held by us is less than \$5,000, or if any periodic payment would be less than \$100, we may make payment in one sum.

The settlement option contract will pay an amount each payment period as selected by the owner or the beneficiary. The payment periods available are one, three, six, or twelve months.

- Option 1.            **SINGLE LIFE ANNUITY.** An amount will be paid each payment period for a fixed period of years and after that for so long as the payee lives. The fixed period may be between 0 and 20 years.
- Option 2.            **JOINT AND SURVIVOR LIFE ANNUITY.** An amount will be paid each payment period for so long as two joint payees are alive. On the death of either payee, the survivor will receive a percentage of the payment for so long as the survivor lives. The percentage of the payment to the survivor may be between 25% and 100%.
- Option 3.            **FIXED PERIOD.** An amount will be paid each payment period for a fixed period of 1 to 30 years.
- Option 4.            **FIXED AMOUNT.** A fixed amount will be paid each payment period until the fund, together with interest on the unpaid balance, is exhausted.
- Option 5.            **HELD AT INTEREST.** Left with us with interest on the balance to be paid monthly or accumulated as chosen.

### BASIS FOR SETTLEMENT OPTIONS

Options 1 and 2 will be based on the Annuity 2000 Mortality Table with interest at the rate of 2.5% per year, compounded yearly. The rate of interest for Options 3, 4 and 5 will not be less than 2.5% per year, compounded yearly. Under these options, the amount of each payment will depend on the sex and adjusted age of the payee and the joint payee where applicable. The adjusted age will be based on the actual age last birthday at the time the first payment is due, as follows:

Calendar Year of Birth	Adjusted Age
Before 1920	Actual age decreased by 1
1920 – 1939	Actual age decreased by 2
1940 – 1959	Actual age decreased by 3
1960 – 1979	Actual age decreased by 4
1980 – 1999	Actual age decreased by 5
2000 & up	Actual age decreased by 6

**ANNUAL REPORT AND ILLUSTRATIONS**

Each year a report will be sent to the owner without charge. It will show the beginning and ending dates of the current report period, the cash value as of the last report, amounts that have been credited or debited to the cash value since the last report, the current death benefit, the current cash value, the current surrender value, and any further information required by law. Also shown will be any partial surrenders made since the last report and outstanding certificate loans. If it is known, based on guaranteed assumptions and no further premium payments, that the owner's certificate will terminate before the next annual report, a notice to that effect will be given on the report.

An illustration of future certificate values is available annually and without charge at the owner's request. At the time of the request, the owner may specify an amount of premium to be used in the illustration. If no premium is specified, the most recent planned premium will be used. We may charge a reasonable fee for this illustration after the first report per year but not more than \$25.00.

**RESERVES**

We must by law have on hand at all times assets which are equal to the certificate reserves. If our reserves as to all, or any class of, certificates should become impaired, our Board of Directors may require each certificate owner to make additional payments equal to the amount of the certificate's equitable proportion of such deficiency as determined by the Board. If the additional payment is not made, it shall be charged as an indebtedness against the certificate and draw interest at a rate not to exceed 5% per year, compounded yearly or, in the alternative, the owner may consent to a reduction of the corresponding insurance benefit proportionate to the value of the additional payment; provided, there will be no personal liability upon any certificate owner for any additional payments.

**BASIS OF CASH VALUES**

Guaranteed cash values for this certificate are based on the 2001 Commissioner's Standard Ordinary Smoker and Nonsmoker ultimate mortality tables, age last birthday. Guaranteed interest is at the rate of 2.5% per year, compounded yearly. Surrender values are not less than the minimum values required by or pursuant to the NAIC Universal Life Insurance Regulation. A detailed statement of the method of computation of cash values and surrender values has been filed with the insurance department of the state in which this certificate is delivered.

**MINIMUM SETTLEMENT OPTION MONTHLY BENEFIT PAYMENTS FOR \$1,000 OF PROCEEDS**

**OPTION 1 - FIXED PERIOD IN YEARS**

ADJUSTED AGE	0		10		15		20	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
55	\$ 4.22	\$ 3.91	\$4.17	\$3.89	\$4.10	\$3.85	\$4.00	\$3.79
60	4.75	4.36	4.66	4.31	4.53	4.24	4.33	4.12
61	4.88	4.47	4.77	4.41	4.62	4.33	4.40	4.20
62	5.02	4.58	4.89	4.51	4.72	4.42	4.46	4.27
63	5.16	4.70	5.02	4.63	4.81	4.52	4.53	4.34
64	5.32	4.83	5.15	4.74	4.91	4.61	4.60	4.42
65	5.49	4.97	5.28	4.87	5.02	4.72	4.66	4.49
66	5.66	5.12	5.42	5.00	5.12	4.82	4.72	4.56
67	5.85	5.28	5.57	5.14	5.22	4.93	4.78	4.63
68	6.05	5.45	5.72	5.28	5.33	5.04	4.84	4.70
69	6.27	5.63	5.88	5.43	5.43	5.16	4.89	4.77
70	6.50	5.83	6.05	5.59	5.53	5.27	4.94	4.83
75	7.89	7.09	6.91	6.51	6.00	5.83	5.13	5.09
80	9.83	8.94	7.78	7.51	6.34	6.27	5.23	5.22
85	12.52	11.71	8.51	8.39	6.53	6.51	5.27	5.26
90	16.19	15.59	9.01	8.96	6.62	6.61	5.27	5.27
95	21.13	20.46	9.29	9.27	6.64	6.64	5.27	5.27

**OPTION 2 - JOINT AND SURVIVOR OPTION – SURVIVOR PERCENTAGE 100%**

ADJUSTED MALE AGE	ADJUSTED FEMALE AGE								
	55	60	65	70	75	80	85	90	95
55	\$3.53	\$3.70	\$3.85	\$3.97	\$4.07	\$4.13	\$ 4.17	\$ 4.20	\$ 4.21
60	3.64	3.87	4.10	4.30	4.46	4.58	4.66	4.70	4.73
65	3.73	4.02	4.33	4.64	4.91	5.13	5.28	5.37	5.42
70	3.80	4.14	4.54	4.97	5.40	5.77	6.06	6.24	6.35
75	3.84	4.22	4.69	5.25	5.86	6.46	6.97	7.33	7.56
80	3.87	4.28	4.80	5.46	6.26	7.14	7.97	8.63	9.09
85	3.89	4.31	4.87	5.61	6.57	7.72	8.96	10.07	10.90
90	3.90	4.33	4.92	5.71	6.78	8.17	9.82	11.47	12.87
95	3.90	4.35	4.94	5.76	6.91	8.49	10.50	12.74	14.82

**JOINT AND SURVIVOR OPTION – SURVIVOR PERCENTAGE 75%**

ADJUSTED MALE AGE	ADJUSTED FEMALE AGE								
	55	60	65	70	75	80	85	90	95
55	\$3.78	\$3.97	\$4.18	\$4.39	\$4.60	\$ 4.80	\$ 4.99	\$ 5.14	\$ 5.26
60	3.94	4.18	4.45	4.72	5.00	5.27	5.52	5.72	5.86
65	4.11	4.40	4.73	5.10	5.48	5.85	6.19	6.46	6.67
70	4.27	4.62	5.03	5.49	6.01	6.53	7.02	7.43	7.73
75	4.43	4.82	5.30	5.89	6.57	7.30	8.01	8.62	9.08
80	4.58	5.01	5.56	6.26	7.11	8.10	9.13	10.06	10.79
85	4.71	5.18	5.79	6.58	7.61	8.88	10.30	11.67	12.81
90	4.82	5.32	5.97	6.85	8.03	9.56	11.40	13.32	15.03
95	4.91	5.43	6.12	7.07	8.37	10.13	12.38	14.90	17.30

**OPTIONS 3 AND 4 - FIXED PERIOD AND/OR FIXED AMOUNT**

NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT
10	\$9.39	17	\$6.00	24	\$4.60
11	8.64	18	5.73	25	4.46
12	8.02	19	5.49	26	4.34
13	7.49	20	5.27	27	4.22
14	7.03	21	5.08	28	4.12
15	6.64	22	4.90	29	4.02
16	6.30	23	4.74	30	3.93

Rates for other combinations of ages, under and over those shown, for either sex are available upon request.

## WAIVER OF MONTHLY DEDUCTION IN EVENT OF TOTAL DISABILITY RIDER

**EFFECTIVE DATE** [July 1, 2011]

**CERTIFICATE NUMBER** [123456789]

**INSURED** [JOHN X WOODMEN]

**AGE** [35]

**EXPIRY DATE** [July 1, 2041]

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become part of it. All terms are the same except those changed by this rider.

### BENEFIT

#### TOTAL DISABILITY BEFORE AGE 60

If total disability of an insured starts before the anniversary following the disabled insured's 60th birthday, we will waive monthly deductions that become due for this certificate and any riders for as long as the total disability continues, up to the anniversary following the disabled insured's 120th birthday or termination of this certificate.

#### TOTAL DISABILITY ON OR AFTER AGE 60

If total disability of an insured starts on or after the anniversary following the disabled insured's 60th birthday, we will waive monthly deductions that become due for this certificate and any riders for as long as total disability continues, but only to the anniversary following the disabled insured's 65th birthday.

While monthly deductions are waived, the cash value is not included in the face amount and the death benefit will be the greater of:

1. The face amount + the cash value; or
2. The cash value ÷ the maximum cash value factor as shown on the Maximum Cash Value Factors page of the certificate.

While monthly deductions are waived, the face amount will be equal to the difference between the death benefit and the cash value as of the date the waiver is effective. All other values, refunds, and amounts under the certificate and any riders will be the same while monthly deductions are waived as they would have been if the insured had paid the monthly deductions.

This benefit has no loan or cash values.

### DEFINITION OF TOTAL DISABILITY

"Total disability" means disability which:

1. Results from bodily injury or disease; and
2. Starts while this rider is in force; and
3. Has been continuous for at least six months; and

4. Either

- a. Prevents the insured from doing any work for pay or profit. During the first two years of disability, work means the regular occupation of the insured. After two years it means any work for which the insured is or becomes reasonably fitted by education, training or experience; or
- b. Includes the loss of the sight of both eyes, or the use of both hands, of both feet, or of one hand and one foot.

**RISKS NOT ASSUMED**

We will not assume the risk for total disability which results from:

1. Intentionally self-inflicted injury while sane or insane; or
2. War or any act due to war. The term "war" includes declared or undeclared war.

**PROOF OF TOTAL DISABILITY**

No monthly deduction will be waived unless due proof of total disability is received at our Home Office:

1. While the insured is living, and still disabled; and
2. While the certificate is in force; but
3. No later than one year after the expiry date of this rider.

If you fail to give proof within this time because it is not reasonably possible, we will not reduce or deny your claim. In any event, you must give proof of total disability as soon as it is reasonably possible to do so and you must give this proof within one year after the time limit unless you are legally incapacitated to do so.

**PROOF OF CONTINUED TOTAL DISABILITY**

We may require proof, at the insured's expense, that total disability has continued without break. This will not be more frequently than once every 30 days during the first two years of disability, and no more than once a year after that. We may require, at our expense, an examination by a physician of our choice. If the required proof is not given, or if the insured is no longer totally disabled, no further monthly deductions will be waived.

**MONTHLY DEDUCTIONS**

Until we approve a claim for the waiver of monthly deductions, monthly deductions will continue when due as provided in your certificate. If we approve the claim for the waiver we will credit to the certificate's cash value an amount equal to the monthly deductions taken on or following the date the insured's total disability began. However, any monthly deduction that became due more than one year before the date proof of total disability was received by our Home Office will not be waived.

If total disability begins during the grace period, sufficient funds will be required to be added to the cash value to avoid a lapse of insurance before we approve the claim for the waiver benefit.

If monthly deductions have been waived under this rider, payment of monthly deductions must be resumed after the earlier of:

1. The monthly anniversary following recovery from total disability;
2. The monthly anniversary following failure to give due proof of continued total disability when required; or
3. The anniversary following the disabled insured's 65th birthday if total disability starts on or after the anniversary following the disabled insured's 60th birthday.

### INCONTESTABILITY

This rider will be incontestable after it has been in force during the lifetime of the insured for two years from the rider effective date, excluding any period when the insured is totally disabled, except for fraud in the procurement of this rider, when permitted by applicable law in the state where the certificate is delivered or issued for delivery. If this rider is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This rider will be incontestable after it has been in force while the insured is alive for two years from the reinstatement date.

### APPLICABLE PROVISIONS

All of the terms of the certificate apply to this rider.

### TERMINATION OF BENEFIT

This rider will be in effect as long as it has not expired and the certificate is in force. The rider will terminate on the expiry date. However, if the insured is totally disabled on the expiry date, benefits will continue as provided in the BENEFIT section of this rider. At any time before the expiry date, this rider will terminate when one of the following occurs:

1. We receive your signed request to terminate this rider or the certificate.
2. The certificate terminates.
3. The cash value is not sufficient to allow monthly deductions, in accordance with the provisions of this rider or the certificate.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

*[Pamela Hernandez]*

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Secretary

**WAIVER OF TWO TIMES MONTHLY DEDUCTION IN EVENT  
OF DEATH OR TOTAL DISABILITY OF APPLICANT RIDER**

**EFFECTIVE DATE** [July 1, 2011]

**CERTIFICATE NUMBER** [123456789]

**APPLICANT** [JOHN X WOODMEN]

**APPLICANT AGE** [35]

**EXPIRY DATE** [July 1, 2031]

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become part of it. All terms are the same except those changed by this rider.

**BENEFIT**

If the applicant dies while this rider is in force or total disability starts before age 65, we will waive two times the monthly deductions that become due for this certificate and any riders until the certificate anniversary following the insured's 21st birthday, subject to the terms of this rider.

While monthly deductions are waived, the cash value is not included in the face amount and the death benefit will be the greater of:

1. The face amount + the cash value; or
2. The cash value ÷ the maximum cash value factor as shown on the Maximum Cash Value Factors page of the certificate.

While monthly deductions are waived, the face amount will be equal to the difference between the death benefit and the cash value as of the date the waiver is effective. All other values, refunds, and amounts under the certificate and any riders will be the same while the benefits are paid as they would have been if the applicant had paid monthly premiums equal to two times the monthly deductions.

This benefit has no loan or cash values.

**DEFINITION OF TOTAL DISABILITY**

"Total disability" means disability which:

1. Results from bodily injury or disease; and
2. Starts before applicant is age 65; and
3. Starts while this rider is in force; and
4. Has been continuous for at least six months; and
5. Either
  - a. Prevents the applicant from doing any work for pay or profit. During the first two years of disability, work means the regular occupation of the applicant. After two years it means any work for which the applicant is or becomes reasonably fitted by education, training or experience; or
  - b. Includes the loss of the sight of both eyes, or the use of both hands, of both feet, or of one hand and one foot.

### **RISKS NOT ASSUMED**

We will not assume the risk for death or total disability which results from:

1. Intentionally self-inflicted injury while sane or insane; or
2. War or any act due to war. The term "war" includes declared or undeclared war.

### **PROOF OF DEATH**

Monthly deductions will be waived if due proof of death of the applicant, as required by us, is received at our Home Office while the certificate is in force.

### **PROOF OF TOTAL DISABILITY**

No monthly deduction will be waived unless due proof of total disability of the applicant is received at our Home Office:

1. While the applicant is living, and still disabled; and
2. While the certificate is in force; but
3. No later than one year after the expiry date of this rider.

If you fail to give proof within this time because it is not reasonably possible, we will not reduce or deny your claim. In any event, you must give proof of total disability of the applicant as soon as it is reasonably possible to do so and you must give this proof within one year after the time limit unless you are legally incapacitated to do so.

### **PROOF OF CONTINUED TOTAL DISABILITY**

We may require proof, at the applicant's expense, that total disability has continued without break. This will not be more frequently than once every 30 days during the first two years of disability, and no more than once a year after that. We may require, at our expense, an examination by a physician of our choice. If the required proof is not given, or if the applicant is no longer totally disabled, no further benefits will be paid.

### **MONTHLY DEDUCTIONS**

Until we approve a claim for the waiver of monthly deductions, monthly deductions will continue when due as provided in your certificate. If we approve the claim for the waiver we will credit to the certificate's cash value an amount equal to two times the monthly deductions taken on or following the date of the applicant's death or the date the applicant's total disability began. However, any monthly deduction that became due more than one year before the date proof of total disability was received by our Home Office will not be waived.

If total disability begins or death occurs during the grace period, sufficient funds will be required to be added to the cash value to avoid a lapse of insurance before we approve the claim for the waiver benefit.

If monthly deductions have been waived under this rider, payment of monthly deductions must be resumed after the earlier of:

1. The monthly anniversary following recovery from total disability;
2. The monthly anniversary following failure to give due proof of continued total disability when required; or
3. The certificate anniversary following the insured's 21st birthday.

### **INCONTESTABILITY**

This rider will be incontestable after it has been in force during the lifetime of the applicant for two years from the rider effective date, excluding any period when the applicant is totally disabled, except for fraud in the procurement of this rider, when permitted by applicable law in the state where the certificate is delivered or issued for delivery. If this rider is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This rider will be incontestable after it has been in force while the applicant is alive for two years from the reinstatement date.

### **MISSTATEMENT OF APPLICANT'S AGE**

For the purposes of the waiver benefit provided by this rider, the Misstatement of Age or Sex provision of the certificate will apply to the applicant for the waiver benefit.

### **APPLICABLE PROVISIONS**

All of the terms of the certificate apply to this rider.

### **TERMINATION OF BENEFIT**

This rider will be in effect as long as it has not expired and the certificate is in force. The rider will terminate on the expiry date. At any time before the expiry date, this rider will terminate when one of the following occurs:

1. We receive your signed request to terminate this rider or the certificate.
2. The certificate terminates.
3. The cash value of the certificate is not sufficient to allow monthly deductions, in accordance with the provisions of this rider or the certificate.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

*[Pamela Hernandez]*

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Secretary

## **GUARANTEED INSURABILITY RIDER**

**EFFECTIVE DATE** [July 1, 2011]

**CERTIFICATE NUMBER** [123456789]

**INSURED** [JOHN X WOODMEN]

**AGE** [35]

**EXPIRY DATE** [July 1, 2016]

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become part of it. All terms are the same except those changed by this rider.

### **BENEFIT**

During each regular or alternate option period, the owner may elect to purchase an additional amount of permanent life insurance on the insured. The owner may select any permanent life insurance that we offer at that time. No proof of insurability will be required.

This benefit has no loan or cash values.

### **REGULAR OPTION PERIODS**

A regular option period is 60 days prior to and ending on a regular option date. A regular option date is the first certificate anniversary after the insured's 22nd, 25th, 28th, 31st, 34th, 37th and 40th birthdays.

### **ALTERNATE OPTION PERIODS**

An alternate option period is the 90 day period beginning on the date any of the following events occurs:

1. Marriage of the insured;
2. Live birth of a child of the insured; or
3. Legal adoption of a child under age 18 by the insured.

When an alternate option is elected, it will take the place of the next regular option. We will require proof satisfactory to us of marriage, birth, or adoption if an alternate option is elected.

### **CONDITIONS FOR ELECTING AN OPTION**

The amount of the additional insurance must be at least \$5,000 and may not exceed the benefit amount shown for this rider on the certificate Schedule of Benefits page. An application and the initial premium for the additional insurance must be received at our Home Office by the end of the option period.

The premium for the additional insurance purchased will be based on the insured's attained age and the rate in effect on the date the additional insurance is effective. The rating class of the insured for the additional insurance will not be less favorable than that applicable to the insured at the time the certificate was issued.

Benefit riders may be added to the additional insurance purchased only if we receive evidence of insurability satisfactory to us.

The maximum number of options that may be used to purchase additional insurance is the number of regular options occurring after the effective date of this rider.

If the insured dies during a regular or alternate option period, any additional amount of life insurance which has been applied for and not approved by us will not take effect and any amount paid for such insurance will be refunded.

#### **EFFECTIVE DATE**

The effective date for the additional life insurance is the date we approve the purchase.

#### **APPLICABLE PROVISIONS**

All of the terms of the certificate apply to this rider.

#### **REINSTATEMENT**

This rider may be reinstated according to the same rules as we require for the certificate.

#### **TERMINATION OF BENEFIT**

This rider will be in effect as long as it has not expired and the certificate is in force. The rider will terminate on the expiry date shown above or when the last option has been elected. At any time before that, this rider will terminate when one of the following occurs:

1. We receive your signed request to terminate this rider or the certificate.
2. The certificate terminates.
3. Upon death of the insured.
4. The cash value of the certificate is not sufficient to allow monthly deductions, in accordance with the provisions of the certificate.
5. Upon the expiration of the last purchase option date.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

*[Pamela Hernandez]*

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Secretary

## WAIVER OF SURRENDER CHARGE ENDORSEMENT

**EFFECTIVE DATE** [July 1, 2011]

**CERTIFICATE NUMBER** [123456789]

**INSURED** [John L Woodmen]

This is an endorsement to the above numbered certificate. It shall be attached to and become part of it. All terms are the same except those changed by this endorsement.

### BENEFIT

After the first certificate year, you may request a partial surrender. Surrender charges will be waived on partial surrenders up to 10% of the certificate surrender value at the time of the first partial surrender in that certificate year, subject to the terms of this endorsement.

This benefit has no loan or cash value.

This endorsement does not change the definition of Surrender Value in your certificate, and amounts available under your certificate for loans or partial surrenders will continue to be calculated as if the surrender charges are not waived under this endorsement.

### LIMITATIONS

Partial surrenders in a certificate year which exceed 10% of the certificate surrender value at the time of the first partial surrender in that certificate year will be subject to a surrender charge under the terms of the certificate.

### EXCLUSIONS

We will not waive any surrender charges under the terms of this endorsement if your certificate is fully surrendered.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

*[Pamela Hernandez]*

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Secretary

## UNISEX AMENDMENT ENDORSEMENT

**EFFECTIVE DATE** [July 1, 2010]

**CERTIFICATE NUMBER** [123456789]

**INSURED** [JOHN L WOODMEN]

This is an endorsement to the above numbered certificate. It shall be attached to and become a part of it. All terms are the same except those changed by this endorsement.

This certificate is hereby amended to eliminate any sex-distinct treatment. The items which are amended are shown below. Any items which are affected by this amendment are also shown. All changes made herein will start on the effective date shown above.

Misstatement of Age or Sex under GENERAL PROVISIONS in the Table of Contents is now Misstatement of Age.

MISSTATEMENT OF AGE OR SEX provision is replaced by MISSTATEMENT OF AGE provision.

### **MISSTATEMENT OF AGE**

The insured's age on the Certificate Information page is the age of the insured on the effective date.

If the age, as shown on the Certificate Information page, has been misstated, all death proceeds will be those the premiums would have purchased for the true age.

### **BASIS OF CASH VALUES**

Guaranteed cash values for this certificate are based on the 2001 CSO(80) Smoker and Nonsmoker ultimate mortality tables, age last birthday. Guaranteed interest is at the rate of 2.5% per year, compounded yearly. Surrender values are not less than the minimum values required by or pursuant to the NAIC Universal Life Insurance Regulation. A detailed statement of the method of computation of cash values and surrender values has been filed with the Interstate Compact.

### **BASIS FOR SETTLEMENT OPTIONS**

Options 1 and 2 will be based on the Annuity 2000 Mortality Table blended 40% male, 60% female, with interest at the rate of 2.5% per year, compounded yearly. The rate of interest for Options 3, 4 and 5 will not be less than 2.5% per year, compounded yearly. Under these options, the amount of each payment will depend on the adjusted age of the payee and the joint payee where applicable. The adjusted age will be based on the actual age last birthday at the time the first payment is due, as follows:

Calendar Year Of Birth	Adjusted Age
Before 1920	Actual Age decreased by 1
1920 - 1939	Actual Age decreased by 2
1940 - 1959	Actual Age decreased by 3
1960 - 1979	Actual Age decreased by 4
1980 - 1999	Actual Age decreased by 5
2000 & Up	Actual Age decreased by 6

**MINIMUM SETTLEMENT OPTION MONTHLY BENEFIT PAYMENTS FOR \$1,000 OF PROCEEDS**

**-----OPTION 1-----**

**FIXED PERIOD IN YEARS**

**ADJUSTED  
AGE**

	<b>0</b>	<b>10</b>	<b>15</b>	<b>20</b>
55	\$ 4.03	\$ 4.00	\$ 3.95	\$ 3.87
60	4.51	4.44	4.35	4.20
61	4.63	4.55	4.44	4.27
62	4.75	4.66	4.53	4.34
63	4.88	4.77	4.63	4.42
64	5.02	4.90	4.73	4.49
65	5.17	5.02	4.83	4.56
66	5.32	5.16	4.94	4.62
67	5.49	5.30	5.04	4.69
68	5.67	5.45	5.15	4.76
69	5.87	5.60	5.26	4.82
70	6.08	5.76	5.37	4.88
75	7.37	6.66	5.89	5.10
80	9.25	7.61	6.29	5.22
85	11.98	8.43	6.52	5.26
90	15.78	8.98	6.61	5.27
95	20.67	9.27	6.64	5.27

**-----OPTION 2-----**

**JOINT AND SURVIVOR OPTIONS – SURVIVOR PERCENTAGE 100%**

**ADJUSTED  
PAYEE  
AGE**

**ADJUSTED JOINT PAYEE AGE**

	<b>55</b>	<b>60</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>	<b>90</b>	<b>95</b>
55	\$3.52	\$3.66	\$3.77	\$3.86	\$3.93	\$3.97	\$4.00	\$4.01	\$4.02
60	3.66	3.86	4.04	4.20	4.31	4.39	4.44	4.47	4.49
65	3.77	4.04	4.31	4.56	4.77	4.92	5.03	5.09	5.12
70	3.86	4.20	4.56	4.94	5.28	5.57	5.77	5.90	5.98
75	3.93	4.31	4.77	5.28	5.82	6.31	6.70	6.97	7.14
80	3.97	4.39	4.92	5.57	6.31	7.08	7.78	8.32	8.69
85	4.00	4.44	5.03	5.77	6.70	7.78	8.89	9.87	10.62
90	4.01	4.47	5.09	5.90	6.97	8.32	9.87	11.41	12.73
95	4.02	4.49	5.12	5.98	7.14	8.69	10.62	12.73	14.73

**JOINT AND SURVIVOR OPTIONS – SURVIVOR PERCENTAGE 75%**

**ADJUSTED  
PAYEE  
AGE**

**ADJUSTED JOINT PAYEE AGE**

	<b>55</b>	<b>60</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>	<b>90</b>	<b>95</b>
55	\$3.76	\$3.93	\$4.12	\$4.30	\$4.48	\$4.65	\$4.81	\$4.94	\$5.04
60	3.93	4.16	4.39	4.64	4.87	5.10	5.30	5.46	5.59
65	4.12	4.39	4.70	5.02	5.34	5.65	5.93	6.15	6.32
70	4.30	4.64	5.02	5.45	5.89	6.33	6.73	7.06	7.31
75	4.48	4.87	5.34	5.89	6.50	7.13	7.73	8.23	8.62
80	4.65	5.10	5.65	6.33	7.13	8.02	8.91	9.71	10.34
85	4.81	5.30	5.93	6.73	7.73	8.91	10.21	11.45	12.49
90	4.94	5.46	6.15	7.06	8.23	9.71	11.45	13.25	14.88
95	5.04	5.59	6.32	7.31	8.62	10.34	12.49	14.88	17.20

-----OPTIONS 3 AND 4-----  
FIXED PERIOD AND/OR FIXED AMOUNT

NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT
10	\$9.39	17	\$6.00	24	\$4.60
11	8.64	18	5.73	25	4.46
12	8.02	19	5.49	26	4.34
13	7.49	20	5.27	27	4.22
14	7.03	21	5.08	28	4.12
15	6.64	22	4.90	29	4.02
16	6.30	23	4.74	30	3.93

Rates for other combinations of ages, under and over those shown, are available upon request.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

*[Pamela Hernandez]*

Secretary

**WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY  
1700 FARNAM STREET  
OMAHA NEBRASKA 68102**

COMPLAINT NOTICE: Should any dispute arise about your premium or about a claim that you have filed, contact the Society that issued the certificate at:

Woodmen of the World Life Insurance Society  
Director – Contract Services  
1700 Farnam Street  
Omaha, Nebraska 68102  
Phone: (800) 225-3108

If the problem is not resolved, you may also contact the Arkansas Insurance Department at:

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201  
Phone: (501) 371-2640 or (800) 852-5494

This notice of complaint procedure is for information only and does not become a part or condition of this certificate.

CUSTOMER NOTICE: Your field representative provides services to you on behalf of Woodmen of the World Life Insurance Society. He or she will receive compensation from Woodmen for placement of this insurance business with you.

SERFF Tracking Number: WDMM-127372131 State: Arkansas  
 Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574  
 Company Tracking Number:  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Accumulation Universal Life  
 Project Name/Number: /

## Supporting Document Schedules

Item Status: Status  
 Date:

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Rule & Reg 19 Certification.pdf

Readability Cert with scores.pdf

Item Status: Status  
 Date:

**Satisfied - Item:** Application

**Comments:**

Application Form 5055 R-05/11, which was approved by your department on 8-8-11 (SERFF Tracking #WDMM-127176233), will be used to apply for the enclosed certificate and riders.

Item Status: Status  
 Date:

**Satisfied - Item:** Health - Actuarial Justification

**Comments:**

**Attachments:**

Actuarial Memo Accum UL 8307 5-11.pdf

Accum UL Exhibits 1\_2\_3 - surr chg.pdf

Accum UL Exhibit 4 - Guar COI.pdf

Unisex Actuarial Memo Accum UL 8307 5-11.pdf

Unisex Accum UL Exhibits 1\_2\_3 - surr chg.pdf

Unisex Accum UL Exhibit 4 - Guar COI.pdf

Actuarial Memo Waiver 8308 5-11.pdf

Actuarial Memo Applicant Waiver 8309 5-11.pdf

Actuarial Memo GIR 8310 5-11.pdf

Actuarial Memo Waiver of Surr Chgs 8311 5-11.pdf

Item Status: Status

SERFF Tracking Number: WDM-127372131 State: Arkansas  
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 49574  
Company Tracking Number:  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Accumulation Universal Life  
Project Name/Number: /

Date:

**Bypassed - Item:** Outline of Coverage  
**Bypass Reason:** This is not a health filing.  
**Comments:**

Item Status:

Status  
Date:

**Satisfied - Item:** Statements of Variability

**Comments:**

**Attachments:**

8307 5-11 Certificate Variability.pdf  
8308 5-11 Waiver Variability.pdf  
8309 5-11 Applicant Waiver Variability.pdf  
8310 5-11 GIR Variability.pdf  
8311 5-11 Waiver Surr Chrgs Variability.pdf  
8312 5-11 Unisex Variability.pdf

Item Status:

Status  
Date:

**Satisfied - Item:** Actuarial Memorandum Addendum

**Comments:**

**Attachment:**

AR AUL Actuarial Memo Addendum.pdf

Item Status:

Status  
Date:

**Satisfied - Item:** Consent To Submit Rates

**Comments:**

**Attachment:**

Consent To Submit Rates.pdf

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY  
1700 Farnam Street, Omaha, Nebraska 68102

CERTIFICATION

I certify that to the best of my knowledge and belief the form(s) in this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

August 16, 2011

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Date



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Vice President & Chief Actuary

Form(s):

FORM 8307 5-11  
FORM 8308 5-11  
FORM 8309 5-11  
FORM 8310 5-11  
FORM 8311 5-11  
FORM 8312 5-11

**WOODMEN OF THE WORLD/OMAHA WOODMEN LIFE INSURANCE SOCIETY**  
**1700 Farnam Street, Omaha, Nebraska 68102-2007**

**FLESCH CERTIFICATION**

<b><u>Form Number(s)</u></b>	<b><u>Description</u></b>	<b><u>Flesch Score</u></b>
8307 5-11	Flexible Premium Adjustable Life Insurance Certificate	51.5
8308 5-11	Waiver of Monthly Deduction in Event of Total Disability Rider	48.5
8309 5-11	Waiver Of Two Times Monthly Deduction In Event Of Death Or Total Disability Of Applicant Rider	50.1
8310 5-11	Guaranteed Insurability Rider	50.5
8311 5-11	Waiver of Surrender Charge Endorsement	44
8312 5-11	Unisex Amendment Endorsement	50.3

I certify that these Flesch Index numbers are accurate in accordance with the published rules of application of the test.



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Randall P. Rotschafer  
Vice President and Chief Actuary

**STATEMENT OF VARIABILITY – FLEXIBLE PREMIUM ADJUSTABLE**  
**LIFE INSURANCE CERTIFICATE FORM 8307 5-11**

**PAGE 1**

- COMPANY ADDRESS – The company's current street address. It has been marked as variable so that if it changes the form would not have to be refiled.
- URL – The company's current URL. It has been marked as variable so that if it changes the form would not have to be refiled.
- WAIVER OF SURRENDER CHARGE ENDORSEMENT – prints when this endorsement is attached.
- INSURED – Name of the insured.
- CERTIFICATE NUMBER – The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).
- RIGHT TO EXAMINE PERIOD – Number of days the owner has to cancel the certificate after it is delivered. Will not be less than 20 days. Also, the company's current street address. It has been marked variable so that if it changes the form would not have to be refiled.
- PRESIDENT – Name of the company's current President.
- SECRETARY – Name of the company's current Secretary.
- OFFICER TITLES – The company's current officer's titles. It has been marked variable so that if they change the form would not have to be refiled.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).

**PAGE 2**

- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).

**PAGE 3**

- EFFECTIVE DATE – Date the certificate takes effect.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).
- INSURED – Name of the insured.
- INSURED'S AGE – Age of insured on the effective date. Range: 0-85
- INSURED'S SEX – Sex of insured. Range: Male, Female or will not be shown if unisex rating.
- FACE AMOUNT OF INSURANCE – The dollar amount of benefit provided by the coverage. Range: \$25,000 & up
- MAXIMUM INITIAL SURRENDER CHARGE – The maximum dollar amount of initial surrender charge - will vary by gender, tobacco class, and issue age.
- SURRENDER CHARGE PERIOD – The number of years a surrender charge will apply. Range:
  - Ages 0-75 = 15 years
  - Ages 76-80 = 12 years
  - Ages 81-85 = 8 years
- PLANNED PREMIUM – Total amount of certificate & riders cost for mode chosen.
- INTERVAL OF PLANNED PREMIUM PAYMENT – Range: Annual, Semiannual, Quarterly, Monthly
- DEATH BENEFIT OPTION – Range: Includes cash value or Excludes cash value
- MATURITY DATE – The certificate anniversary after the 120th birthday of the insured.
- PREPARED ON – Date pages printed from system.
- CERTIFICATE NUMBER - The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).

**STATEMENT OF VARIABILITY – FORM 8307 5-11** continued

**PAGE 4**

- **BENEFIT DESCRIPTION** – A description of each coverage provided by any chosen optional riders. All options shown.
- **BENEFIT AMOUNT** – The dollar amount of benefit provided by the coverage, if applicable. Range for Flexible Premium Adjustable Life Insurance: \$25,000 & Up. Range for Accidental Death Insurance Rider: \$25,000 - \$300,000 (for adults) & \$25,000 only for juveniles. Range for Guaranteed Insurability Rider: \$5,000-\$50,000 (no more than two times face amount).
- **RATING CLASS** – Rating class of the insured on the effective date. For issue ages 0-17 will be standard or special. Starting at age 18, rating class for the certificate, Accidental Death Benefit Rider and Waiver of Monthly Deduction Rider will be either Tobacco or Non-Tobacco and may be:
  - **SUPER PREFERRED** (Non-Tobacco only) (Certificate only)
  - **PREFERRED** (Non-Tobacco or Tobacco) (Certificate only)
  - **STANDARD** (Non-Tobacco or Tobacco) (Certificate or riders)
  - **SPECIAL** (Non-Tobacco or Tobacco) (Certificate or riders)
- \*Premiums must cover an additional amount because of increased risk due to a tobacco classification and/or special rating class. – Only shown if the insured's rating class indicates tobacco use and/or special.
- **RATING CLASS FACTOR** – Rating class factor used in calculating costs for the applicable form (based on the rating class for each applicable form).
- **MONTHLY COST OF INSURANCE** – Each option shown bracketed will only print if applicable optional rider is chosen. For Waiver of Monthly Deduction Rider will always print "See Page 5a". For Accidental Death Insurance Rider amount that prints will depend on issue age, rating class (tobacco or nontobacco), and benefit amount chosen for this rider. For Guaranteed Insurability Rider amount that prints will depend on issue age and benefit amount chosen for this rider. For Accelerated Death Benefit Rider, Waiver of Surrender Charge Endorsement, and Premium Deposit Fund Rider will always be "\$0.00".
- **PREPARED ON** – Date pages printed from system.
- **CERTIFICATE NUMBER** - The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).

**PAGE 5**

- **MAXIMUM MONTHLY CHARGE** – The maximum monthly charge varies by issue age and face amount. Ranges from \$6.00 to \$18.00
- **MAXIMUM MONTHLY UNIT CHARGE** – The maximum monthly per \$1,000 charge. Varies by issue age. Ranges from \$.15 to \$.45 per unit of insurance.
- **MONTHLY FLAT EXTRA RATE** – Temporary flat extra rate (only appears if required). Date range: 1 year to 99 years. Dollar amount range: \$2.50 to \$20.00 in \$2.50 increments.
- **RATING CLASS FACTOR** – Rating class factor used in calculating costs for the certificate (based on the rating class for the certificate).
- **ATTAINED AGE** – Age of the insured on the specified certificate anniversary. Beginning age shown will be 0 or higher depending on age at issue. Ending age shown will always be 120.
- **MONTHLY RATE** - The monthly cost of insurance rate for each specified attained age shown based on sex, tobacco class, rating class, face amount, attained age, and certificate duration.
- **PREPARED ON** – Date pages printed from system.
- **CERTIFICATE NUMBER** - The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).

**PAGE 5a** – This page will only print if the optional Waiver of Monthly Deduction Rider is chosen.

- **RATING CLASS FACTOR** – Rating class factor used in calculating costs for the Waiver of Monthly Deduction Rider (based on the rating class for the Waiver of Monthly Deduction Rider)
- **ATTAINED AGE** – Age of the insured on the specified certificate anniversary. Beginning age shown will be 16 to 55 depending on age at issue. Ending age shown will always be 64.
- **MONTHLY RATE** – The monthly cost of insurance rate for each specified attained age shown.
- **PREPARED ON** – Date pages printed from system.
- **CERTIFICATE NUMBER** - The unique number assigned to the certificate (the same number will be shown in all fields labeled "CERTIFICATE NUMBER" throughout the certificate).

**STATEMENT OF VARIABILITY – FORM 8307 5-11** continued

PAGE 5a – This page will only print if the optional Applicant Waiver of Monthly Deduction Rider is chosen.

- **ATTAINED AGE** – Age of the insured on the specified certificate anniversary. Beginning age shown will be 0-15 depending on age at issue. Ending age shown will always be 20.
- **MONTHLY RATE** – The maximum monthly cost of insurance rate for each specified attained age shown.
- **PREPARED ON** – Date pages printed from system.
- **CERTIFICATE NUMBER** - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

PAGE 6

- **ATTAINED AGE** – Age of the insured on the specified certificate anniversary. Beginning age shown will be 0 or higher depending on age at issue. Ending age shown will always be 120.
- **FACTOR** – The minimum death benefit factor for each specified attained age – will vary by attained age, gender and tobacco class.
- **PREPARED ON** – Date pages printed from system.
- **CERTIFICATE NUMBER** - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

PAGE 7

- **END OF CERTIFICATE YEAR** – The number of years shown will vary depending on surrender charge period. Range:
  - Ages 0-75 = 15 years
  - Ages 76-80 = 12 years
  - Ages 81-85 = 8 years
- **SURRENDER CHARGE** – The dollar amount of surrender charge - will vary by gender, tobacco class, issue age and duration.
- **PREPARED ON** – Date pages printed from system.
- **CERTIFICATE NUMBER** - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

PAGES 8 – 19

- **CERTIFICATE NUMBER** - The unique number assigned to the certificate (the same number will be shown in all fields labeled “CERTIFICATE NUMBER” throughout the certificate).

PAGE 12

- **COST OF INSURANCE [A-B]** – This is not variable but instead denotes a calculation.

**STATEMENT OF VARIABILITY – WAIVER OF MONTHLY DEDUCTION**  
**IN EVENT OF TOTAL DISABILITY RIDER FORM 8308 5-11**

PAGE 1

- EFFECTIVE DATE – Date this rider takes effect.
- CERTIFICATE NUMBER - The unique number assigned to the certificate this rider is attached to. (The same certificate number will also appear on the bottom right hand corner of the form.)
- INSURED – Name of the insured.
- AGE – Age of insured on the effective date of the rider. Range: Issue Ages 16-55
- EXPIRY DATE – Date this rider expires which is the certificate anniversary following the 65<sup>th</sup> birthday of the insured.

PAGE 2

- CERTIFICATE NUMBER – The unique number assigned to the certificate this rider is attached to.

PAGE 3

- SECRETARY – Name of the company's current Secretary.
- CERTIFICATE NUMBER – The unique number assigned to the certificate this rider is attached to.

**STATEMENT OF VARIABILITY – WAIVER OF TWO TIMES MONTHLY DEDUCTION**  
**IN EVENT OF DEATH OR TOTAL DISABILITY OF APPLICANT**  
**RIDER FORM 8309 5-11**

PAGE 1

- EFFECTIVE DATE – Date this rider takes effect.
- CERTIFICATE NUMBER - The unique number assigned to the certificate this rider is attached to. (The same certificate number will also appear on the bottom right hand corner of the form.)
- APPLICANT – Name of the applicant.
- APPLICANT AGE – Age of applicant on the effective date of the rider. Range: Issue Ages 16-55
- EXPIRY DATE – Date this rider expires which is the certificate anniversary following the 21st birthday of the insured.

PAGE 2

- CERTIFICATE NUMBER – The unique number assigned to the certificate this rider is attached to.

PAGE 3

- SECRETARY – Name of the company's current Secretary.
- CERTIFICATE NUMBER – The unique number assigned to the certificate this rider is attached to.

**STATEMENT OF VARIABILITY – GUARANTEED INSURABILITY RIDER**  
**FORM 8310 5-11**

**PAGE 1**

- EFFECTIVE DATE – Date this rider takes effect.
- CERTIFICATE NUMBER - The unique number assigned to the certificate this rider is attached to. (The same certificate number will also appear on the bottom right hand corner of the form.)
- INSURED – Name of the insured.
- AGE – Age of insured on the effective date of the rider. Range: Issue Ages 0-37
- EXPIRY DATE – Date this rider expires which is the certificate anniversary following the 40th birthday of the insured.

**PAGE 2**

- SECRETARY – Name of the company's current Secretary.
- CERTIFICATE NUMBER – The unique number assigned to the certificate this rider is attached to.

**STATEMENT OF VARIABILITY – WAIVER OF SURRENDER CHARGE**  
**ENDORSEMENT FORM 8311 5-11**

PAGE 1

- EFFECTIVE DATE – Date this rider takes effect.
- CERTIFICATE NUMBER - The unique number assigned to the certificate this rider is attached to. (The same certificate number will also appear on the bottom right hand corner of the form.)
- INSURED – Name of the insured.
- SECRETARY – Name of the company's current Secretary.
- CERTIFICATE NUMBER – The unique number assigned to the certificate this rider is attached to.

**STATEMENT OF VARIABILITY – UNISEX AMENDMENT ENDORSEMENT**  
**FORM 8312 5-11**

**PAGE 1**

- EFFECTIVE DATE – Date this endorsement takes effect.
- CERTIFICATE NUMBER - The unique number assigned to the certificate this endorsement is attached to. (The same certificate number will also appear on the bottom right hand corner of the form.)
- INSURED – Name of the insured.

**PAGE 2**

- CERTIFICATE NUMBER – The unique number assigned to the certificate this endorsement is attached to.

**PAGE 3**

- SECRETARY – Name of the company's current Secretary.
- CERTIFICATE NUMBER – The unique number assigned to the certificate this endorsement is attached to.

**CONSENT TO SUBMIT RATES  
AND/OR COST BASES FOR APPROVAL**

Woodmen of the World Life Insurance Society of

Omaha, Nebraska does hereby consent

and agree

- A. That all premium rates and/or cost bases both maximum and current or projected, used in relation to certificate form number 8307 5-11

must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

- B. that where the certificate is a flexible or indeterminate premium whole life certificate which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the rate of rates. The company must also document the method used to calculate its premium and rate of rates.

Woodmen of the World Life Insurance Society



By Dorothy A. Margrave, FSA, MAAA  
Director, Product Development